



Paid Family Leave

General Claimant PFL Overview

State Disability Insurance (SDI)

Employment Development Department (EDD)

A photograph of an elderly Black man lying in a hospital bed, wearing an oxygen mask. A younger Black man is sitting beside him, holding a book and looking at it. The background shows a floral patterned curtain.

Five Things To Know About Paid Family Leave

1

Provides up to six weeks of partially paid leave in a 12-month period.

2

Can be used to bond with a new child or to care for an ill family member.

3

Leave can be taken intermittently over a 12-month period.

4

You receive approximately 60 to 70 percent of your weekly salary.

5

There is no waiting period. Payment can begin the first day of leave.



Paid Family Leave and Caregivers

California's Paid Family Leave (PFL) affords eligible workers up to six weeks of time to be there for the moments that matter most.

Paid Family Leave Care provides partially paid leave if you are:

- ▶ Caring for a seriously ill or injured child, parent, parent-in-law, grandparent, grandchild, sibling, spouse, or registered domestic partner.
- ▶ Caring for an **out-of-state** or **out-of-country** family member.

Recipients receive approximately 60 to 70 percent of their weekly salary while using Paid Family Leave.

Paid Family Leave and Bonding

Paid Family Leave Bonding provides up to six weeks of partially paid leave for mothers and fathers to bond with a new child within the child's first year.

- ▶ Can be used to bond with a biological, foster, or adopted child.
- ▶ Documentation showing proof of relationship can be a copy of the child's birth certificate, birth record, or foster/adoptive placement agreement.

Recipients receive approximately 60 to 70 percent of their salary while on leave.





Disability Insurance, Paid Family Leave, and New/Expecting Mothers

New mothers take Disability Insurance leave followed by Paid Family Leave, for example:

**Disability
Insurance**
4 Weeks

Birth

**Disability
Insurance**
6 - 8 Weeks

**Paid Family
Leave**
6 Weeks*

*You can break up your six weeks of Paid Family Leave. You do not have to take it all at once.

Filing a Paid Family Leave Claim

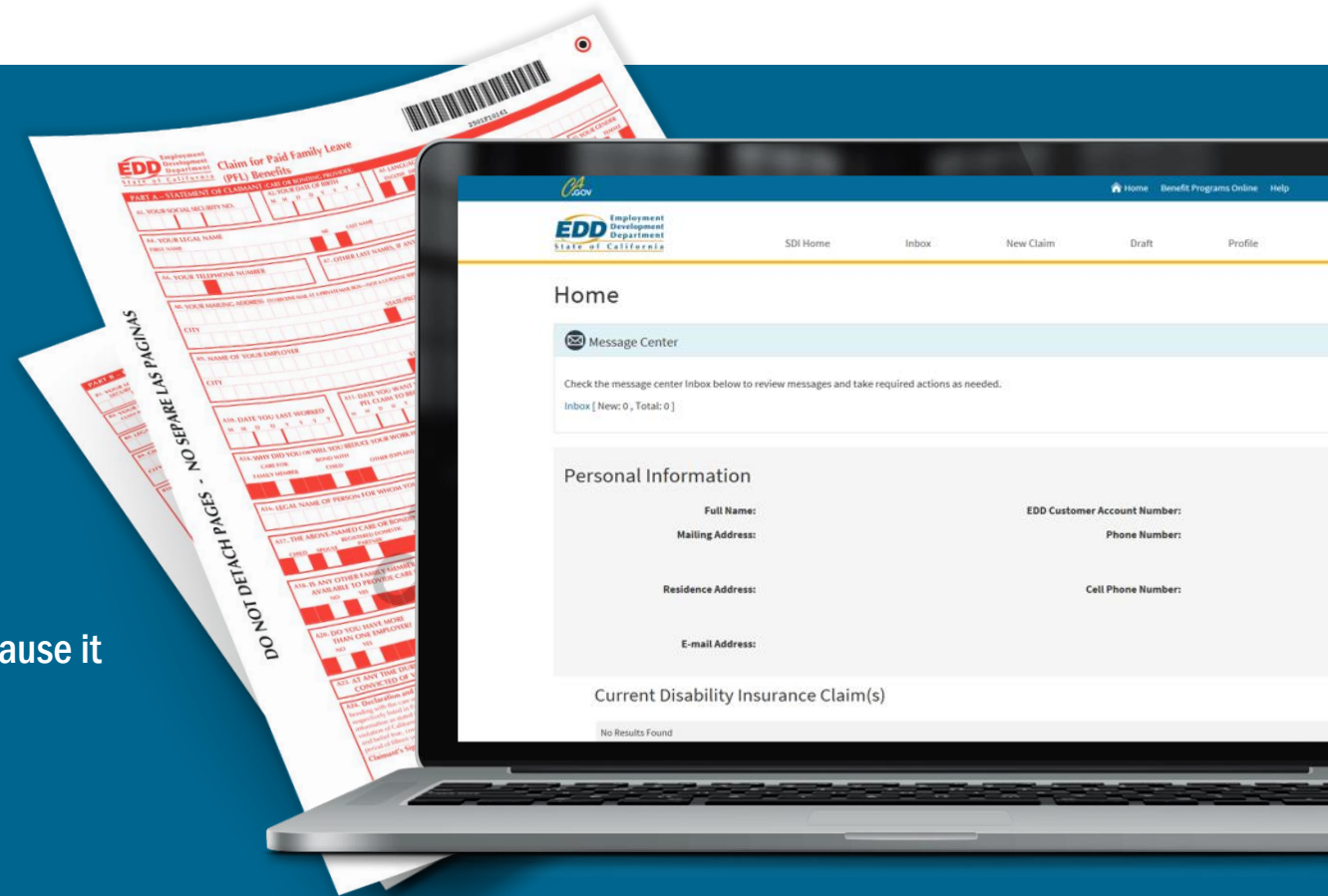
You must complete and submit your claim within **41 days** from the date your family leave begins by:



Mail or



Online: Filing through SDI online is strongly recommended because it expedites the review process.



*A Paid Family Leave claim form will be mailed to new moms at the end of their pregnancy-related Disability Insurance claim.

DO NOT DETACH PAGES - NO SEPAR LAS PAGINAS

EDD Employment Development Department
State of California

Claim for Paid Family Leave (PFL) Benefits

2501F10161

PART A - STATEMENT OF CLAIMANT (CARE OR BONDING PROVIDER)

A1. YOUR SOCIAL SECURITY NO. A2. YOUR DATE OF BIRTH A3. LANGUAGE YOU PREFER TO USE
M M D D Y Y Y Y ENGLISH SPANISH OTHER (PRINT BELOW)

A4. YOUR LEGAL NAME FIRST NAME MI LAST NAME A5. YOUR GENDER MALE FEMALE

A6. YOUR TELEPHONE NUMBER A7. OTHER LAST NAMES, IF ANY, UNDER WHICH YOU HAVE WORKED

A8. YOUR MAILING ADDRESS (TO RECEIVE MAIL AT A PRIVATE MAIL BOX—NOT A US POSTAL SERVICE BOX—YOU MUST SHOW THE NUMBER IN THE "PMBOX" SPACE) (PMBOX IF APPLICABLE)
CITY STATE/PROV. ZIP OR POSTAL CODE COUNTRY (IF NOT U.S.A.)

A9. NAME OF YOUR EMPLOYER MAILING ADDRESS
CITY STATE/PROV. ZIP OR POSTAL CODE EMPLOYER'S TELEPHONE NUMBER

A10. DATE YOU LAST WORKED A11. DATE YOU WANT YOUR PFL CLAIM TO BEGIN A12. DATE YOU RETURNED OR WILL RETURN TO WORK A13. DID YOU WORK OR WILL YOU CONTINUE TO WORK DURING YOUR FAMILY LEAVE PERIOD?
M M D D Y Y Y Y M M D D Y Y Y Y M M D D Y Y Y Y NO YES

A14. WHY DID YOU OR WILL YOU REDUCE YOUR WORK HOURS OR STOP WORKING?
CARE FOR BOND WITH
FAMILY MEMBER CHILD OTHER (EXPLAIN) A15. WHAT IS YOUR OCCUPATION?

A16. LEGAL NAME OF PERSON FOR WHOM YOU ARE CARING (FIRST MIDDLE INITIAL LAST) OR WITH WHOM YOU ARE BONDING (CARE OR BONDING RECIPIENT)

A17. THE ABOVE-NAMED CARE OR BONDING RECIPIENT IS YOUR:
REGISTERED DOMESTIC PARTNER PARENT GRANDPARENT SIBLING OTHER (EXPLAIN)
CHILD SPOUSE PARTNER PARENT GRANDPARENT SIBLING OTHER (EXPLAIN)

A18. IS ANY OTHER FAMILY MEMBER READY, WILLING, AND ABLE AND AVAILABLE TO PROVIDE CARE FOR THE SAME PERIOD YOU ARE CLAIMING PFL BENEFITS? A19. HAVE YOU CLAIMED OR DO YOU PLAN TO CLAIM WORKERS' COMPENSATION BENEFITS FOR ANY PORTION OF THE PERIOD COVERED BY THIS CLAIM?
NO YES NO YES

A20. DO YOU HAVE MORE THAN ONE EMPLOYER? A21. IF YOUR EMPLOYER(S) CONTINUED OR WILL CONTINUE TO PAY YOU DURING YOUR FAMILY LEAVE, INDICATE TYPE OF PAY: A22. MAY WE DISCLOSE BENEFIT PAYMENT INFORMATION TO YOUR EMPLOYER(S)?
NO YES SICK VACATION OTHER (EXPLAIN) NO YES

A23. AT ANY TIME DURING YOUR PFL LEAVE, WERE YOU IN THE CUSTODY OF LAW ENFORCEMENT AUTHORITIES BECAUSE YOU WERE CONVICTED OF VIOLATING A LAW OR ORDINANCE? NO YES

A24. Declaration and Signature. By my signature on this claim statement, I (1) claim Paid Family Leave benefits and certify that throughout the period covered by this claim I was providing care for or bonding with the care recipient named above; (2) authorize EDD to release my personal information as shown on this claim to the care recipient and to the care recipient's treating physician as they are respectively listed in Part C and Part D of this claim; (3) authorize my employer(s) to disclose to EDD all facts concerning my employment that are within their knowledge; and (4) authorize release and use of information as stated in the "Transmission Collection and Action" portion of this form. I understand that willfully making a false statement or concealing a material fact in order to obtain payment of benefits is a violation of California law punishable by imprisonment or fine or both. I declare under penalty of perjury that the foregoing statement, including any accompanying statements, is to the best of my knowledge and belief true, correct, and complete. I agree that photocopies of this authorization shall be as valid as the original, and I understand that authorizations contained in this claim statement are granted for a period of fifteen years from the date of my signature or the effective date of the claim, whichever is later.

Claimant's Signature (DO NOT PRINT) If signature is made by mark (X), please place mark here.* Date Signed (M M D D Y Y Y Y)
*If your signature is made by mark (X), it must be attested by two witnesses with their addresses.
1st Witness Signature and Address 2nd Witness Signature and Address

Filing a Paid Family Leave Care Claim



Mail

A properly completed **care claim** will include:

- ▶ Part A – Statement of Claimant
- ▶ Page 2 – Care Recipient's Authorization
- ▶ Part C – Statement of Care Recipient
- ▶ Part D – Physician/Practitioner's Certification

Begin this process by ordering the DE 2501F application online at edd.ca.gov/Forms or by visiting a local SDI office.

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State of California

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*If your signature is made by mark (X), it must be attested by two witnesses with their addresses.
1st Witness Signature and Address 2nd Witness Signature and Address

Filing a Paid Family Leave Bonding Claim



Mail

A properly completed **bonding claim** will include:

- ▶ Part A – Statement of Claimant
- ▶ Part B – Bonding Certification
- ▶ Supporting documentation verifying the relationship between you and the new child

Begin this process by ordering the DE 2501F application online at edd.ca.gov/Forms or by visiting a local SDI office.

Paid Family Leave and SDI Online

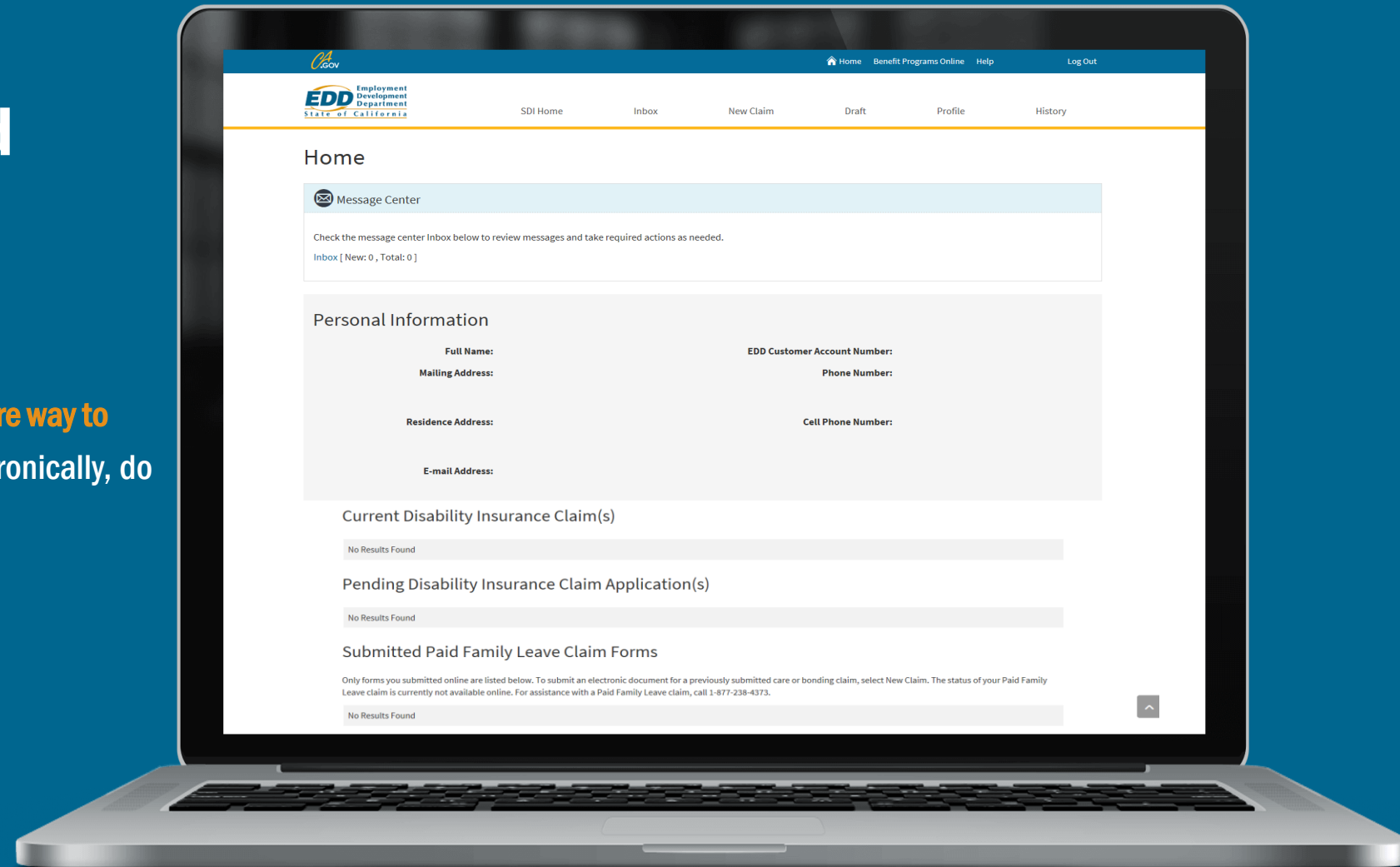


Online

SDI Online is your fast, convenient, and secure way to submit your PFL claim online. If you file electronically, do not send in the paper form.

Create or access your account by visiting:

edd.ca.gov/SDI_Online

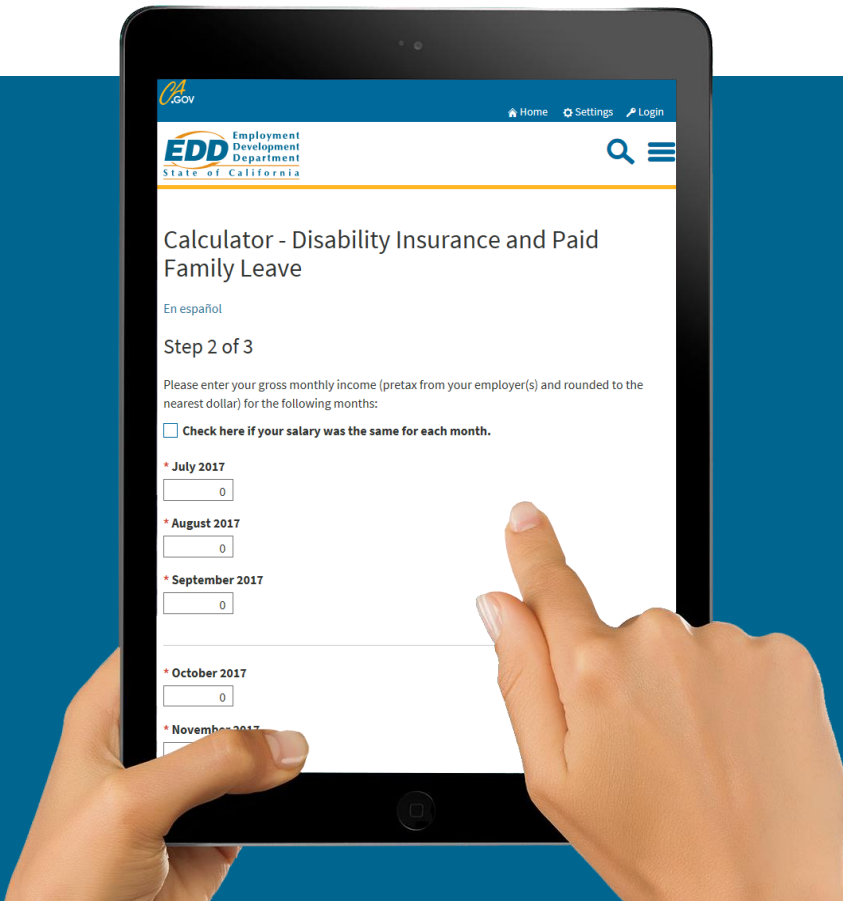


Calculating the Benefit Amount

Your weekly benefit amount is determined by your highest quarter of earnings in your **“base period”** (wages subject to SDI tax earned 5-18 months prior to your claim start date).

The **“base period”** covers a 12-month period and is broken into four consecutive quarters. For example, if your PFL claim begins in April, May, or June, your weekly benefit amount is calculated from your highest quarter of earnings paid to you between January 1 and December 31 of the prior year.

To simplify this process, estimate your weekly benefit amount using the EDD calculator at edd.ca.gov/Disability/PFL_Calculator.htm.



Determining Paid Family Leave Eligibility

Have you **paid into California's State Disability Insurance** (usually noted as CASDI on a paystub) in the past 5-18 months prior to taking leave?

- ▶ **"YES"** – You are most likely eligible for benefits.
- ▶ **"NO"** – Not all employees pay into State Disability Insurance, thus you are not eligible for these programs.

Review paystubs before assuming eligibility.

Eligibility is **not** based on length of service or the number of employees your company has on staff.

Immigration status does **not** factor into eligibility.

No paid leave is guaranteed until the claim has been approved by the EDD.

Only one PFL claim can be filed within a 12-month period.



Employment Status and Paid Family Leave



Eligibility is determined by whether a worker has contributed to CASDI in the past 5-18 months.



Unemployed Californians must have collected Unemployment Insurance and/or be actively looking for work to qualify for PFL.

Seasonal employees, part-time workers, and unemployed individuals may still qualify for PFL.



Self-employed individuals may be eligible if they are contributing to the Disability Insurance Elective Coverage program.



Job Protections

A close-up photograph of two hands, one appearing to be from an older person with wrinkled skin, being held or supported by a younger person's hand. The background is blurred, showing a plaid shirt.

Does the SDI program
provide job protection?

No,
the SDI program does not
provide job protection,
just paid benefits.

However, other state and
federal laws may apply while
you are using your leave.

Job Protections

Laws that may apply while receiving Disability Insurance and Paid Family Leave benefit payments:

- ▶ Family and Medical Leave Act (FMLA)
- ▶ California Family Rights Act (CFRA)
- ▶ New Parent Leave Act (NPLA)
- ▶ Fair Employment and Housing Act (FEHA)
- ▶ Pregnancy Disability Leave (PDL)

Workers considering PFL should speak to their employer for more information on unpaid job-protected leave.

Visit dfefh.ca.gov and dol.gov/whd/fmla to learn more.



For more information, visit:

- ▶ www.edd.ca.gov/PaidFamilyLeave
- ▶ www.CaliforniaPaidFamilyLeave.com

Contact EDD

- ▶ English: 1-877-238-4373
- ▶ Spanish: 1-877-379-3819
- ▶ Cantonese: 1-866-692-5595
- ▶ Vietnamese: 1-866-692-5596
- ▶ Armenian: 1-866-627-1567
- ▶ Punjabi: 1-866-627-1568
- ▶ Tagalog: 1-866-627-1569
- ▶ TTY: 1-800-445-1312

